


**2006 Louisiana Resident Amended  
Return Information Sheet**

# Taxpayer Copy

Your first name and initial	Last name	Item changed <input type="checkbox"/> <input type="checkbox"/>	Your Social Security Number
If joint return, spouse's first name and initial	Last name		Spouse's Social Security Number
Present home address		<input type="checkbox"/>	
City, town or APO	State	ZIP	<input type="checkbox"/>

PLEASE PRINT OR TYPE.

**Filing status**

On original return: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

On this return: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Exemptions	Originally reported or adjusted (Total of 6A and 6B.)	Net change	Correct number of exemptions
Yourself and spouse <i>(Includes exemptions for 65/older and Blind.):</i>			
Dependents:			

			Original amount or as previously adjusted	Net change amount or increase or (decrease)	Correct amount
7	FEDERAL ADJUSTED GROSS INCOME	7			
8	LESS FEDERAL INCOME TAX	8			
9	YOUR LOUISIANA TAX TABLE INCOME	9			
10	YOUR LOUISIANA INCOME TAX	10			
11	FEDERAL CHILD CARE CREDIT	11			

**NONREFUNDABLE TAX CREDITS**

11A	OTHER NONREFUNDABLE TAX CREDITS	11A			
11B	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FROM PREVIOUS YEARS.	11B			
11C	2006 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT	11C			
11D	TOTAL NONREFUNDABLE TAX CREDITS	11D			

12	ADJUSTED LOUISIANA INCOME TAX	12			
13	CONSUMER USE TAX	13			
14	TOTAL INCOME TAX AND CONSUMER USE	14			

# DO NOT MAIL.

REFUNDABLE CREDITS AND PAYMENTS			Original amount or as previously adjusted	Net change amount or increase or (decrease)	Correct amount
15A	2006 LOUISIANA REFUNDABLE CHILD CARE CREDIT	15A			
15A1	QUALIFIED EXPENSE FROM REFUNDABLE CHILD CARE CREDIT WORKSHEET, LINE 3	15A1			
15A2	AMOUNT FROM REFUNDABLE CHILD CARE CREDIT WORKSHEET, LINE 6	15A2			
15B	OTHER REFUNDABLE CREDITS	15B			
15C	AMOUNT OF TAX WITHHELD FOR 2006	15C			
15D	AMOUNT OF CREDIT CARRIED FORWARD FROM 2005	15D			
15E	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERHIP FILING	15E			
15F	AMOUNT OF ESTIMATED PAYMENTS FOR 2006	15F			
15G	AMOUNT PAID WITH EXTENSION REQUEST	15G			
15H	TOTAL REFUNDABLE CREDITS AND PAYMENTS	15H			
16	OVERPAYMENT	16			
17A	AMOUNT OF LINE 16 CONTRIBUTED TO MILITARY FAMILY ASST. FUND	17A			
17B	AMOUNT OF LINE 16 YOU WISH TO DONATE	17B			
17C	AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO START PROGRAM	17C			
17D	AMOUNT OF LINE 16 TO BE CREDITED TO 2007 INCOME TAX	17D			
18	SUBTOTAL – ADD LINES 17A THROUGH 17D	18			
19	AMOUNT OF LINE 16 TO BE REFUNDED TO YOU	19			
20	AMOUNT YOU OWE	20			
21	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	21			
22	INTEREST	22			
23	DELINQUENT FILING PENALTY	22			
24	DELINQUENT PAYMENT PENALTY	24			
25	UNDERPAYMENT PENALTY	25			
26	BALANCE DUE LOUISIANA	26			

**DO NOT MAIL.**